



**ORTHOPAEDIC SPECIALTY GROUP, P.C.**

Exceptional People. Exceptional Care.

[www.osgpc.com](http://www.osgpc.com)

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**John N. Awad, MD**  
Spinal Surgery

**Henry A. Backe, Jr., MD**  
Joint Replacement  
Hand Surgery

**David F. Bindelglass, MD, FACS**  
Joint Replacement

**Dante A. Brittis, MD**  
Shoulder & Knee Surgery  
Sports Medicine

**Robert V. Dawe, MD, FACS**  
Spinal Surgery  
Pediatric Orthopaedics

**Lauren M. Fabian, MD**  
Sports Medicine/Arthroscopy  
Shoulder/Elbow/Knee surgery

**James J. FitzGibbons, MD**  
Sports Medicine  
Arthroscopic/Joint Surgery

**Herbert I. Hermele, MD, FACS**  
General Orthopaedics

**Lawrence P. Kirschenbaum, MD**  
Director of Interventional  
Pain Medicine

**Patrick W. Kwok, MD**  
Sports Medicine/ Hip Arthroscopy  
Shoulder/Elbow/Knee surgery

**Rolf H. Langeland, MD**  
Sports Medicine / Shoulder Surgery  
Trauma Reconstructive Surgery

**Joel W. Malin, MD**  
Joint Replacement  
Carpal Tunnel Surgery

**Ross J. Richer, MD**  
Hand & Upper Extremity Surgery

**Michael F. Saffir, MD**  
Physical Medicine  
Pain Management

**Perry A. Shear, MD**  
Neurological & Spine Surgery

**Robert A. Stanton, MD, FACS**  
Arthroscopic Surgery  
Sports Medicine  
\*\*\*\*\*

**Jossie S. Abraham, DPM**  
Podiatry

**Brett M. Carr, D.C., M.S.**  
Chiropractic and Nutrition Rehabilitation  
\*\*\*\*\*

**Moha K. Ahuja, D.O.**  
Primary Care Sports Medicine

**Jean-Paul C. Lucke, D.O.**  
Primary Care Sports Medicine

**Romulo V. Vasquez, M.D., P.T.**  
Primary Care Sports Medicine  
\*\*\*\*\*

**Murray A. Morrison, M.D., F.A.C.S.**  
*Emeritus*

January 27, 2015

**VIA FEDERAL EXPRESS**

Janet M. Brancifort, MPH  
Deputy Commissioner  
Office of Health Care Access  
Division of the Department of Public Health  
410 Capitol Avenue, MS #13HCA  
P.O. Box 340308  
Hartford, CT 06134-0308

Re: Modification Request  
Establishment of an Ambulatory Surgery Center; OHCA Docket  
No. 00-542

Dear Deputy Commissioner Brancifort:

Enclosed please find an original and two copies of a CON Modification Form submitted by Fairfield Surgery Center, LLC and Orthopaedic Specialty Group, P.C. regarding the above-referenced Certificate of Need.

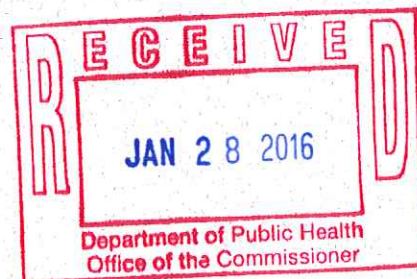
Should you have any questions, please feel free to contact me or FSC's outside counsel, Stephen Cowherd, at (203) 259-7900.

Very truly yours,

Steven P. Fiore

Enclosures

cc: Robert Guenther, Esq. (via fax) (w/out enc.)





# **State of Connecticut** **Office of Health Care Access** **Form for Modification of a Previously** **Authorized Certificate of Need**

All persons who are requesting a modification to a previously authorized Certificate of Need must complete this form. Completed forms should be submitted to the Director of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

## **SECTION I. PETITIONER INFORMATION**

If more than 2 Petitioners, please attach a separate sheet of paper and provide additional information in the format below:

	Petitioner	Petitioner
Full legal name	Fairfield Surgery Center, LLC	Orthopaedic Specialty Group, P.C.
Doing Business As	Fairfield Surgery Center, LLC	Orthopaedic Specialty Group, P.C.
Name of Parent Corporation	N/A	N/A
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	75 Kings Highway Cutoff, Fairfield, CT 06824	75 Kings Highway Cutoff, Fairfield, CT 06824
Petitioner type (e.g., P for profit and NP for Not for Profit)	P	P
Name of Contact person, including title	L. Robert Guenther, Vice President NSH Connecticut, Inc.	Steven P. Fiore, Chief Executive Officer Orthopaedic Specialty Group, P.C.
Contact person's street mailing address	250 S. Wacker Drive, Suite 500, Chicago, IL 60606	75 Kings Highway Cutoff, Fairfield, CT 06824
Contact person's phone, fax and e-mail address	Phone: 312-627-8247 Fax: 312-474-1950 Email:	Phone: 203-337-2600 Fax: 203-337-2666 Email:

	rguenthner@nshinc.com	sfioire@osgpc.com
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## SECTION II. GENERAL PROPOSAL INFORMATION

- a. Title of Previously Authorized Project and Associated Docket Number(s):  
Establishment of an Ambulatory Surgical Center; 00-542
- b. Location of proposal (Town including street address):  
75 Kings Highway Cutoff, Fairfield, CT 06824
- c. Type of Modification Request:
- ☐ Change in the Scope of the Authorized Certificate of Need Project
- ☐ Extension of CON Expiration Date
- ☒ Change in a CON Order Condition (*other than to extend expiration date*)
- ☐ Other – Describe: \_\_\_\_\_

## SECTION III. IF REQUESTING A CHANGE IN THE SCOPE OF AUTHORIZED PROJECT:

- a. Provide a one page description of the requested change in the scope of a previously authorized Certificate of Need project and provide a detailed rationale for such change:

## SECTION IV. IF REQUESTING AN EXTENSION OF THE CON EXPIRATION DATE:

- a. Certificate of Need expiration date per CON Final Decision: \_\_\_\_\_
- b. Requested revised CON expiration date: \_\_\_\_\_
- c. Rationale for increased time to fully complete and implement the authorized project:

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**SECTION V. IF REQUESTING A CHANGE IN A CON FINAL DECISION CONDITION  
(other than extension of the CON expiration date)**

- a. Identify the CON Condition that you are requesting to be revised or vacated.

Revision of CON Conditions Nos. 1 and 2 and vacature of CON Conditions Nos. 3 and 4. Petitioners are requesting the following revisions to CON Condition 1: "Fairfield Surgery Center shall be used only for orthopaedic surgical procedures and pain management procedures for patients of ~~Medical Specialty Group, P.C. Orthopaedic Specialty Group, P.C.~~ All orthopaedic surgeons who perform such procedures shall be shareholders or employees of ~~Medical Specialty Group, P.C. Orthopaedic Specialty Group, P.C.~~" Petitioners are requesting the following revisions to CON Condition 2: "If Fairfield Surgery Center and/or ~~Medical Specialty Group Orthopaedic Specialty Group~~ proposes in the future to change the scope of services and/or permit non ~~MSG OSG~~ members to use the facility, prior approval of OHCA will be requested and notice shall be given to St. Vincent's Medical Center and Bridgeport Hospital."

- b. Provide the rationale for such requested change:

Orthopaedic Specialty Group, P.C. ("OSG") is planning to enter into a Stock Purchase and Merger Agreement with Medical Specialty Group, P.C. ("MSG"), through which the current OSG physician shareholders of OSG will become shareholders of MSG and OSG will merge into MSG with the latter being the surviving entity (the "Transaction"). MSG is currently owned by a single physician shareholder who is not a surgeon nor are there any other physician employees of MSG. Accordingly, as a result of the Transaction, the same physicians who currently perform procedures at Fairfield Surgery Center, LLC ("FSC") will continue to perform procedures at FSC, there will be no change in the current scope of services (orthopaedic and pain management procedures), nor will there be any change in the patient population served by FSC or its payor mix. There will also be no transfer of ownership in FSC as there will be no change of ownership in FSC's two member entities – NSH Connecticut, Inc. and FSC Physician Holdings, LLC – as a result of the Transaction. See CON DTR 14-31934-DTR. Additionally, Petitioners seek to vacate Conditions Nos. 3 and 4 as these Conditions are no longer relevant to the continuing operations of FSC.

**SECTION VI. OTHER**

- a. Submit a completed CON Modification Affidavit. See Attached
- b. Identify any other pertinent changes to the findings of facts upon which the original CON authorization was based as a result of this requested modification. None
- c. Identify what has been accomplished to date in terms of full project implementation. FSC has been in continuous operation since 1999.

## CON MODIFICATION AFFIDAVIT

Applicant: Fairfield Surgery Center, LLC

Project Title: Establishment of an Ambulatory Surgical Center

I, L. Robert Guenthner Vice President of NSH Connecticut, Inc., the Manager  
(Name) (Position – CEO or CFO)

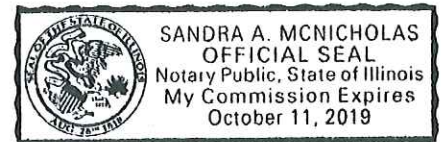
of Fairfield Surgery Center, LLC being duly sworn, depose and state that the information provided in this CON Modification form is true and accurate to the best of my knowledge.

  
Signature

01-22-2016  
Date

Subscribed and sworn to before me on Jan. 22, 2016

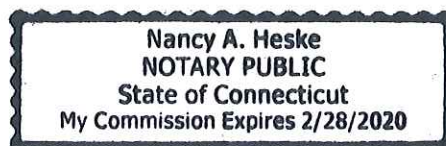
  
Notary Public/Commissioner of Superior Court



My commission expires: Oct. 11, 2019

**CON MODIFICATION AFFIDAVIT**Applicant: Orthopaedic Specialty Group, P.C.Project Title: Establishment of an Ambulatory Surgical CenterI, Steven P. Fiore, Chief Executive Officer  
(Name) (Position – CEO or CFO)

of Orthopaedic Specialty Group being duly sworn, depose and state that the information provided in this CON Modification form is true and accurate to the best of my knowledge.

  
Signature1.26.16  
DateSubscribed and sworn to before me on 1.26.16  
Notary Public/Commissioner of Superior CourtMy commission expires: 2.28.20